

# Grant County School Health Program

## **PART 2 OF 4**

### **Grant County Health Department**

111 South Jefferson Street, Floor 2  
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[www.co.grant.wi.gov](http://www.co.grant.wi.gov)

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## SCHOOL HEALTH EXAMINATION RECORD

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

Immunizations given to date.

	1st dose	2nd dose	3rd dose	4th dose	5th dose
DPT/DT					
Hib					
Polio					
Hepatitis B					
MMR			Please fill in month/day/year.		
Chickenpox					

Or date of chickenpox disease \_\_\_\_\_

Allergies:
Asthma:

Height	Weight	Hearing		Vision		Blood Pressure
		Right	Left	Right	Left	
				Corrective Lenses: Yes No		

Findings	Normal	
		Neuro-Musc. System
		Orthopedic
		Nutrition
		Skin and Scalp
		Nose
		Throat and Mouth
		Eyes
		Ears
		Glands
		Heart
		Lungs
		Abdomen
		Genitalia
		Urinary
		Blood Count

**FINDINGS:**

**MEDICATIONS TAKEN REGULARLY:**

Any meds to be taken at School: Yes No (If yes, please write note for school)

CONDITIONS WHICH COULD AFFECT SCHOOL WORK:

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

8/09dku (SCHOOL01)

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State of Wisconsin  
Department of Regulation and Licensing  
**KINDERGARTEN EYE HEALTH EXAMINATION REPORT**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
School/Kindergarten \_\_\_\_\_ City \_\_\_\_\_  
Date entering Kindergarten \_\_\_\_\_

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- ☐ Brief history (general health and eye health) of the child, including family history
- ☐ General external observation of the child's eyes and surrounding structures
- ☐ Ophthalmoscopic examination through an undilated pupil
- ☐ Gross measurement of peripheral vision
- ☐ Evaluation of eye coordination and function (alignment and motility)
- ☐ Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: ☐ Yes ☐ No

Date of examination:

\_\_\_\_\_

Doctor/Physician Signature:

\_\_\_\_\_

Print or stamp:

Doctor/Physician Name

Address

Phone

**IMPORTANT NOTICE TO PARENTS**

**This examination is not required by law.** Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

**Consent of parent or guardian:** I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#2540 (2/02)  
s. 118.135, Stats.

## **Blood Borne Pathogen Update**

### ***Protecting Yourself from HIV and Hepatitis***

Blood borne pathogens are disease causing agents that are present in blood. People can carry blood borne pathogens for years without knowing they are infected. Two blood borne pathogens are the Hepatitis Virus and the Human Immunodeficiency Virus (HIV).

#### **MODES OF TRANSMISSION**

Blood borne pathogens such as Hepatitis and HIV can be transmitted through contact with infected human **blood** and **other potentially infectious body fluids** such as:

- Semen
- Vaginal secretions
- Any body fluid that is visibly contaminated with blood.

It is important to know the ways exposure and transmission are most likely to occur in your particular situation, be it providing first aid to a student in the classroom, or cleaning up blood from a hallway.

#### **Hepatitis and HIV are most commonly transmitted through:**

- Sexual Contact
- Sharing of hypodermic needles
- From mothers to their babies at/before birth
- Accidental puncture from contaminated needles, broken glass, or other sharps
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids
- Open sores
- Cuts
- Abrasions
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters

Blood borne pathogens may also be transmitted through the **mucous membranes** of the:

- Eyes
- Nose
- Mouth

For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission.

## **Universal Precautions**

Universal precautions is the term given to specific measures that are used to minimize the likelihood of contact with the blood and body fluids of any person.

Remember to use universal precautions and treat all blood or potentially infectious body fluids as if they are contaminated. Avoid contact whenever possible, and whenever it's not, wear personal protective equipment. If you find yourself in a situation where you have to come in contact with blood or other body fluids and you don't have any standard personal protective equipment handy, you can improvise. Use a towel, plastic bag, or some other barrier to help avoid direct contact.

## **Personal Protective Equipment**

Probably the first thing to do in any situation where you may be exposed to blood borne pathogens is to ensure you are wearing the appropriate personal protective equipment (PPE). For example, you may have noticed that emergency medical personnel, doctors, nurses, dentists, dental assistants, and other health care professionals always wear latex or protective gloves. This is a simple precaution they take in order to prevent blood or potentially infectious body fluids from coming in contact with their skin. To protect yourself, it is essential to have a barrier between you and the potentially infectious material.

Gloves should be made of latex, nitrile, rubber, or other water impervious materials. You should always inspect your gloves for tears or punctures before putting them on. If a glove is damaged, don't use it! When taking contaminated gloves off, do so carefully. Make sure you don't touch the outside of the gloves with any bare skin, and be sure to dispose of them in a proper container so that no one else will come in contact with them, either.

## **Handwashing**

Handwashing is one of the most important (and easiest) practices used to prevent transmission of bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident. Use soft, antibacterial soap, if possible. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores.

Hands should also be washed immediately (or as soon as feasible) after removal of gloves or other personal protective equipment. If you are working in an area without access to such handwashing facilities, you may use an antiseptic cleanser in conjunction with clean cloth/paper towels, or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as feasible.

## **Clean Up**

1. Absorb the blood or other body fluid with disposable absorbent material (e.g. paper towels, gauze pads, or tissue paper wipes). If the spill is large, granular absorbent materials such as used to absorb caustic chemical spills, may be used to absorb the liquid.
2. Clean the spill site of all visible material using an aqueous detergent solution. Any household detergent may be used. The intent is to dilute the spilled material.
3. Disinfect the spill using an appropriate disinfectant:
  - A solution of 5.25% sodium hypochlorite (household bleach/Clorox) diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water. This solution needs to be changed daily to maintain its potency.
  - Lysol or some other EPA registered tuberculocidal disinfectant. Check the label of all disinfectants to make sure they meet this requirement.

If you are decontaminating equipment or other objects (microscope slides, broken glass, saw blades, tweezers, mechanical equipment upon which someone has been cut, first aid boxes, or whatever) you should leave your disinfectant in place for at least 10 minutes before continuing the cleaning process.

Of course, any materials you use to clean up a spill of blood or potentially infectious materials must be decontaminated immediately, as well. This would include mops, sponges, re-usable gloves, buckets, pails, etc.

Place all materials used to clean up a spill in a garbage bag and dispose of in the regular trash.

## **Broken Glassware**

- Broken glassware that has been visibly contaminated with blood must be sterilized with an approved disinfectant solution before it is disturbed or cleaned up.
  - Glassware that has been decontaminated may be disposed of in an appropriate sharps container, i.e. closable, puncture-resistant, leak-proof on sides and bottom, with appropriate labels. (Labels may be obtained from OSU EHS.)
- Broken glassware will not be picked up directly with the hands. Sweep or brush the material into a dustpan.
  - Uncontaminated broken glassware may be disposed of in a closable, puncture resistant container such as a cardboard box or coffee can.

## **Sharps**

Far too frequently, housekeepers, custodians and others are punctured or cut by improperly disposed needles and broken glass. This, of course, exposes them to whatever infectious material may have been on the glass or needle. For this reason, it is especially important to handle and dispose of all sharps carefully in order to protect yourself as well as other.

### **Needles**

- Never recap, break or shear needles.
- Needles should be moved only by using a mechanical device or tool such as forceps, pliers, or broom and dust pan.
- Needles shall be disposed of in labeled sharps containers only.
  - Sharps containers shall be closable, puncture resistant, leak-proof on sides and bottom, and must be labeled or color-coded.
  - When sharps containers are being moved from the area of use, the containers should be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.



## **What Constitutes an Exposure?**

An exposure incident can be thought of as a possible disease transmission event. The definition of exposure will vary depending on the pathogen of concern.

A blood borne pathogen exposure occurs when human blood or other potentially infectious material (OPIM) enters your bloodstream through:

- a break in your skin (i.e. puncture, cut, rash, hang nails, etc.) or
- through contact with your mucous membranes (eyes, nose, or mouth).

If you have an exposure you must follow the procedure set forth by your employer. These procedures should include:

1. Wash the affected area immediately.
2. Report the incident to your supervisor immediately.
3. Be examined by a physician as soon as possible.

**By using Universal Precautions and following these simple engineering and work practice controls, you can protect yourself and prevent transmission of blood borne pathogens.**



# NEW LEASE ON LICE

## A NEW SCHOOL YEAR

Head lice becomes most apparent at the beginning of the school year. Parents, Grant County Health Department, school officials, and staff are seeking information and solutions to this annoying problem.

In an effort to inform parents, school staff and students, and also to reduce the incidence of head lice, the schools in Grant County have developed a county-wide plan to manage head lice.

This approach has been developed after talking with Grant County schools as well as schools throughout the state. The goal is not to eradicate pediculosis, since this is impossible, but to keep it at a manageable level and absenteeism at a minimum.

Important and consistent findings about head lice in Wisconsin schools have prompted some aspects to our lice policy. An example of a very consistent finding was that head lice are spread by very close contact, such as sharing combs, brushes, and during sleepovers.

Screening of the classroom of an infested child **does not find new cases**. The best follow-up at school is to screen siblings and friends who have had close contact.

Mass screenings do not find many new cases and many times no new cases. Lice are difficult to see. The nits, (eggs) are usually seen first. A thorough head lice screen takes at least 15 minutes per child, or for a school of 400 students that is 100 hours of screening. All school lice screens in the past have been very time consuming and unproductive.

## Helpful Hints to Manage Lice

- ◆ Screen your children weekly. If head lice are present then screen adults in the household.
- ◆ Concentrate less on the environment and more on the child's head, bed linens and child's clothing when treating for lice.
- ◆ Recognize that the treatment is a two-week process of regular daily shampooing followed by a conditioner/crème rinse, and then fine tooth combing of the we hair to remove nits. Removing of the nits is of utmost importance to rid the child of lice. Lice treatment products must be used according to label directions.
- ◆ Lice can be kept at a minimum by doing regular screening and the proper treatments at home.



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Dear Parents:

Head lice is an ongoing problem throughout the school year. This letter is being sent as a reminder that it is important for parents to be screening their children for the presence of head lice.

To detect the presence of head lice early, we suggest checking your family members' heads on a weekly basis. This is done by parting the hair in small sections with a comb looking for bite marks, redness, nits or eggs. The nits are usually found about 1/4 to 2 inch from the scalp. They adhere themselves onto the hair shaft and cannot be easily removed. The louse is a small flat, wingless, brownish-gray creature with stubby antennae and six legs each ending in a sharp curved claw. They are most commonly found behind the ears and at the nape of the neck, although they may be found anywhere on the head. The louse can be seen with the naked eye. This check should take 15 minutes or more to do and must be done in good light.

To help prevent infestation, we suggest instructing all family members to avoid borrowing personal items, combs, brushes, hats, towels or clothing from each other or from friends. It is best for everyone to use only their own personal articles at home and at school.

If lice or nits are found, they need to be treated with anti-lice shampoo. For more information regarding head lice detection and treatment, contact the Grant County Health Department at 723-6416.

GRANT COUNTY HEALTH DEPARTMENT

Staff Nurses



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Dear Parents,

On examination at school, your child has been found to have head lice and/or nits. The following is the treatment schedule to use to rid your family and home of head lice and/or nits.

Several non-prescription shampoos are on the market to eliminate lice and their nits (eggs). They are available at Walmart, K-Mart, Shopko or your local drugstore.

All persons in the household should be examined for the presence of lice or nits. This is done by parting the hair in small sections with a comb looking for bite marks, redness or small tear shaped white specks resembling dandruff. These are the nits or eggs. The nits are usually found about 1/4 to 2 inch from the scalp. They glue themselves onto the hair shaft and cannot be easily removed. The louse is a small flat, wingless, brownish-gray creature with stubby antennas and six legs each ending in a sharp, curved claw. The louse can be seen with the naked eye. If any family members are found to have lice or nits they should also be treated with the anti-lice shampoo. This check should take 15 minutes or more and must be done in good light.

### FACTS ABOUT HEAD LICE

- What does head lice look like? Since adult lice are the size of a sesame seed (2-3mm), head lice can be seen by the human eye. They live in human hair, draw blood from the skin, and lay eggs (called nits) on the hair shaft. Live nits are found less than 1/2 inch from the scalp and most often on hair at the back of the head in the neck region. Some children with lice complain of itchiness but many have no symptoms.

- Is your child at risk? Yes, Head lice will spread as long as children play together. They spread almost completely through human hair to hair contact, and pets do not spread lice. Anyone can get head lice. Children in child care, preschools, elementary or middle schools are at risk. Head lice are NOT a sign of being dirty. Head lice are not dangerous and DO NOT spread diseases.

- What can you do? Parents are the key to looking for and treating head lice! The Wisconsin Department of Public Health advises parents to spend 15 minutes each week on each child carefully looking for head lice or nits. Persons with nits within 1/4 inch of the scalp OR live lice should be treated. Careful use of a nit comb can potentially remove all lice. Each child should have his or her own comb or brush. Teach your child NOT to share hats, scarves, brushes, combs, and hair fasteners.

### TREATMENT PLAN FOR PARENTS/GUARDIANS:

1. Thoroughly screen all household members and inform any of the child=s close contacts regarding exposure, i.e. friends, overnight guests, relatives, sports team (especially those teams sharing helmets and caps) and all other possible outside contacts.
2. Use a safe lice-killing treatment that is effective such as RID, Nix or Pronto which are available over the counter without a prescription.

☐ Lice-killing treatments may not be 100% effective in killing nits and lice. Nits often survive, hatch, and re-infest the child and others. The remaining nits will hatch within seven days. Therefore, a second treatment may be necessary. **Read and follow label directions**. Pay particular attention to the amount of time recommended for the lice-killing treatment to be left on the hair and scalp. The lice-killing treatment should *not* be used on a regular basis or as a preventative measure.

☐ Itching may occur after treatment due to scalp irritation.

☐ Consult a health care provider if the child or family members are pregnant, nursing, under two years of age, have open wounds on their scalp or neck, have known allergies or if eyebrows and eyelashes are infested. These precautions apply to the persons administering treatment as well as those receiving the treatment.

☐ **Regular shampoo and conditioner daily for two weeks, followed by tooth wet combing assures success in eliminating lice, efforts to comb out the nits are necessary to help eliminate lice.**

### 3. 14 Day Treatment Guidelines

√ The treatment days are scheduled to interrupt the lifecycle of the insect. A nit comb should be used to comb the hair and can be bought at most pharmacies.

√ Day 1: use an over-the-counter medicated head-lice shampoo containing pyrethrin or permethrin. Read and follow all directions on the shampoo.

√ Day 2: COMB hair carefully for 15 minutes from the scalp to the end of the hair. Do not wash hair today.

√ Day 3 – 9: Wash the hair using your regular shampoo. Rinse, Apply hair conditioner to make the hair slippery. COMB the hair the entire length from the scalp to end of hair. Wipe the comb between each stroke with a paper towel, which removes any lice or nits. Keep hair wet while combing. COMB all hair for at least 15 minutes.

√ Day 10: Use an over-the-counter medicated head-lice shampoo. (to kill any lice that hatched since the previous medication use) Read and follow all directions on the shampoo.

✓ Day 11: COMB hair carefully for at least 15 minutes from the scalp to the end of the hair. Do not wash hair today.

✓ Day 12-14: Wash the hair using regular shampoo. Rinse. Apply hair conditioner to make the hair slippery. COMB the hair the entire length from the scalp to the end of hair. Wipe the comb between each stroke with a paper towel, which removes any lice or nits. Keep hair wet while combing. COMB all hair for at least 15 minutes.

**NOTE:** *This is a very time consuming procedure. Depending on the length of your child's hair, this process may take several hours, over several days.*

Nits and lice that are removed from the head should be placed in a sealed plastic bag for the outside trash. Do not drop them on the floor.

**The most important effort is the daily shampoo, conditioner and wet combing technique described in # 2 above.**

4. Assure that the child's personal belongings are machine washed in hot soapy water and dried on high heat for 20 minutes (i.e. hats, caps, bed linens and clothing).

5. Combs and brushes should be soaked in hot soapy water.

6. Dry cleaning of some articles such as dolls, teddy bears if able or seal in plastic bag for 14 days.

☐ Environmental lice sprays are generally not effective and **not** recommended.

☐ Pets do not carry human head lice, therefore, spraying pets is unnecessary since head lice need human blood to survive.

7. Screen your child daily after an infestation for 2 weeks then weekly throughout the entire school year.

Treatment Calendar:

\_\_\_\_ Day 1 Medicated Shampoo  
\_\_\_\_ Day 2 COMB only DO NOT WASH  
\_\_\_\_ Day 3 Shampoo, condition and COMB  
\_\_\_\_ Day 4 Shampoo, condition and COMB  
\_\_\_\_ Day 5 Shampoo, condition and COMB  
\_\_\_\_ Day 6 Shampoo, condition and COMB  
\_\_\_\_ Day 7 Shampoo, condition and COMB  
\_\_\_\_ Day 8 Shampoo, condition and COMB  
\_\_\_\_ Day 9 Shampoo, condition and COMB  
\_\_\_\_ Day 10 Medicated Shampoo  
\_\_\_\_ Day 11 COMB only DO NOT WASH  
\_\_\_\_ Day 12 Shampoo, condition and COMB  
\_\_\_\_ Day 13 Shampoo, condition and COMB



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### ALTERNATIVE HEAD LICE TREATMENTS

#### *Natural and Non-Toxic (Two week process)*

1. Apply agent to suffocate crawling lice. Consider use of Crisco (easy to remove). Vaseline (difficult to remove), and real mayonnaise (not lite or low fat) applications. Product should remain on the hair for a minimum of two hours (a shower cap or stocking cap may be helpful). Lice can be removed by regular shampooing, conditioner/cream rinse application and fine tooth combing while hair remains wet.
2. Efforts to comb out nits or eggs attached to the hair shaft with a "nit comb" will reduce the risk of treatment failure.
3. Repeat daily shampoos followed by conditioner for two weeks. Fine tooth combing to remove nits and lice.
4. Haircuts facilitate this process.

To avoid re-infestation instruct all family members to avoid borrowing personal items: combs, brushes, hats, towels or clothing from each other or from friends. It is best for everyone to use only their own personal articles, both at home and at school.

Head lice can be eliminated in your home if they are detected, treated and controlled early.

GRANT COUNTY HEALTH DEPARTMENT

Staff Nurses

# When Should I Keep My Child Home From School Because of Illness?

Children can become sick quickly. You should be aware of signs and symptoms of an illness and not send your child to school if any of the following symptoms or illnesses listed below are noted. This is because school is not a place that a child can easily rest if they aren't feeling well or an illness can spread or passed on to others easily in the school environment. Please keep your child at home and seek the advice of your medical provider for:

- ◆ FEVER -and sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion.  
Fever is defined as having a temperature of 100 degree F or higher taken under the arm, 101 degrees F taken orally or 102 degrees F taken rectally.
- ◆ Vomiting
- ◆ Diarrhea - runny, watery or bloody stools.
- ◆ Body rash with a fever.
- ◆ Sore throat with a fever and swollen glands.
- ◆ Eye discharge - thick mucus or pus draining from the eye, or pink eyes.
- ◆ Yellowish skin or eyes.
- ◆ Chickenpox - until the lesions are all scabbed over. (7days after onset of rash)
- ◆ Head lice - until after the treatment has been completed. This includes removing the nits (eggs) with the special comb or your fingernails and having clean clothes to put on.
- ◆ Cough – child who is coughing so hard that interrupts breathing or causes vomiting.

## **Definitely see your doctor if:**

You notice a skin rash that appeared mysteriously or a skin lesion that looks like ringworm or scabies. These are communicable and a prescription from your health care provider is needed to treat them.

If your child complains frequently of a headache and has other symptoms, such as a fever, nausea, vomiting, complaints about their vision, had a recent head injury or complains of a headache that has continued for two weeks or longer.

If you have questions regarding your child's health, please don't hesitate to contact your health care provider or the Grant County Health Department at 723-6416.